# YOUTH EMPOWERMENT SERVICES

FACSIMILE T	RANSMITTAL SHEET
TO: Jesse Johnson	FROM Chris A. Quintanilla
COMPANY: SLD c/o Solix, Inc.	DATE 2/28/2007
FAX NCMBER 973-599-6538	TOTAL NO. OF PAGES INCLUDING COVER 13
PHONE NUMBER 973-581-5111	sender's reference number: 538000
RE: Appeal Inquiry Response	YOUR REFERENCE NUMBER: 538000

### FOR REVIEW

NOTES/COMMENTS:

Mr. Johnson,

Attached, please find the response to your inquiry. Please contact me at (215) 694-3955 if you have any questions. Thanks.

-Chris A Quintanilla

# NEW MEDIA TECHNOLOGY CHARTER SCHOOL

Exploring the Past, Present, and Future Through Technology

7800 Ogontz Ave., Philadelphia, PA 19150 | 267-286-6900 | 267-286-6904 (fax)

February 28,2007

Jesse Johnson, et al USAC Schools and Libraries Division c/o Solix, Inc. 80 South Jefferson Road Whippany, NJ 07981-1027

RE: Appeal Response, Application 538000

Dear Mr. Johnson,

Thank you for contacting us in order to get our appeal resolved properly. Six months ago, we submitted documentation showing: a) the school is entitled to a 90% discount through the Schools and Libraries Program of the Universal Service Fund, and b) how we were able to substantiate that claim.

Apparently, the PIA reviewer(s) who reviewed the documentation we submitted were not able to locate certain information that was required as part of the review process. Based on your email to us, it would appear this information included:

- 1) Address of the family
- 2) Grade level of each child
- 3) Size of the family
- 4) Income level of the parents

If we may direct you to our original submission, which is attached as Attachment A, we would point out the following:

- 1) Regarding the address of the family, this information is on the survey and has been labeled as #1 on page #3. In order to preserve the anonymity of the family, the address of the family was blacked out as a simple reverse address lookup could be used to determine the identity of the family.
- 2) Regarding the grade level of each child, this information is on the survey and has been labeled as #2 on page #3. We acknowledge that the grade level of the student attending the school was inadvertently omitted by the parent on the form but that the grade level of the child is indicated on page #1, label #2a.
- 3) The size of the family is indicated on page #3, Part 4, which has been labeled #3. Though the names were blacked out in order to preserve the anonymity of the family, the checkboxes indicate there are four family members.

4) The income level of the family is also indicated on page #3, Part 4, and has been labeled #4. This information clearly shows the parent in the household earns \$300/wk.

While we believe the submitted information validates our methodology for ascertaining the portion of the school's population that qualifies for the National School Lunch Program, we would like to provide additional evidence of our compliance at this time. Included as Attachment B, please find an additional four surveys that were distributed to students' families and returned accordingly. We contend these surveys serve to demonstrate our compliance with a proper discount validation process and help to support the claims we have made regarding our eligibility for a 90% discount percentage.

Should you have any questions, we would appreciate it if you would contact Chris Quintanilla of Youth Empowerment Services, the school's e-rate consultant. He may be reached at (215) 694-3955, or at chrisqu@yesphilly.org. Thank you in advance for your assistance in resolving this matter.

Sincerely,

Dr. Ina Walker

Chief Executive Officer

Attachments (2)

cc: H. Clark, Esq. - Board Chairman, NMTCS

IW:cq

# **ATTACHMENT 1**

# SURVEY SUBMITTED ON AUGUST 28<sup>TH</sup>, 2006 TO PIA WITH NOTATIONS

4 PAGES



New Media Technology Charter School
7800 Ogontz Avenue
Philadelphia, PA 19150
P: (267) 286-6900, F: (267) 286-6904
http://www.newmediatech.net
email: info@newmediatech.net

October 7,2005

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# **INSTRUCTIONS FOR APPLYING**

if your household receives FOOD STAMPS OR TANF, follow these instructions:

Part List child(ren)'s name, school, grade, and a Food Stamp or TANF case number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

If the child(ren) is/are Migrant, Homeless or Runaway:

Check the appropriate box and contact [your school, homeless liaison, migrant coordinator]. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4 Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question # you choose to.

# ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part I:List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part,

Part 4: Follow these instructions to report total household income from last month.

Column 1-Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper # you need to.

Column 2 – Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, Eamings from work: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on-your pay stub, or your boss can tell you. Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly). All other income: List the amount each person received last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME (fourth column). In the All Other Income column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not he in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance,

Column'3-Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must eign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

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Your children may qualify for free or reduced price meals if your household is Sme falls within the limits on this chart

FEDERAL INCOME CHART For School Year 2005-2006					
Household size	Yearly	Monthly	Weekty		
1	\$17,705	\$1,476	\$341		
2	23,736	1,978	457		
3	29,767	2,481	573		
. 4	35,798	2,984	689		
5	41,829	3,486	805		
6	47,860	3,989	921		
7	53,891	4,491	1,037		
8	59,922	4,994	1,153		
Each additional person:	6,031	. 503	116		

'Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Rässell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF)-Program, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to

programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability, To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9470 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

# **ATTACHMENT 2**

# ADDITIONAL STUDENT SURVEYS 4 PAGES

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in household) (Example)	pefore deductions	support, alim	iony	Social Security	All Other income	income
Jane Smith	200/weekly	\$150/weekly		\$100/monthly	\$	0
When t	533.20 weekly	\$		\$	\$	0
atenta	B/_	\$/_		\$	\$	
	5/	\$/_		\$	\$/	9
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Tuler	5/	\$/_		\$/	\$/	9
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[5	/	\$/_		\$/	\$	
Part 5. Signature and Social Sec	rity Number (Adu	t must sian	1	-		<del></del>
An adult household member must sher Social Security Number or mark back of this page.) I certify (promise) that all information will get Federal funds based on the understand that it! purposely give Sign here: X	the I do not have n anthis application information I give. I	a Social Sec i is true and i understand i children ma name: <u>/n//</u> 0	that all int that soho y lose me	mber" box. (See Privicome is reported. I in of officials may veril and be and I m	acy Act Statement of anderstand that the so (check) the information be prosecuted.	n the
Part 6. Children's Racial and Eth			·			
Mark one or more racial identities:				Mái	rk one ethnic identity	
	.merican Indian or A				Hispanic or Latino	
<del></del>	lative Hawaiian or C	Other Pacific	Islander	CI	Not Hispanic or Lati	no
Black or African American 🚨 O	ther					
Don't fill out this part. This is for		Tues OW	LC v Co =			
Total Income'Per. □ V Categorical Eligibility: Date Withdre		ks, 🚨 Twice Ity: Free— I	A Month, Reduced —	☐ Month, ☐ Year — Denied — Reason	Household size:	
Temporary: Free Reduced Determining Official's Signature:	Time Period:		es efter	days) Date:		
Confirming Official's Signature:	Date: _	Folio	w-nb Ouic	ial's Signature	Date: _	

July 2006

Free and Reduced Price School Meals Application Application Page 1 of 2

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# TRANSACTION REPORT

### INAUDACTION REPOR

## FEB/28/2007/WED 04:54 PM

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# YOUTH EMPOWERMENT SERVICES

FACSIMII	LE TRANSMITTAL SHEET
To: Jesse Johnson	FROM: Chris A. Quintanilla
COMPANY: SLD c/o Solix, Inc.	DATE. 2/28/2007
FAX NUMBER 973-599-6538	TOTAL NO. OF PAGES INCLUDING COVER:
рионе number 973-581-5111	SENDER'S REFERENCE NUMBER 538000
RE: Appeal Inquiry Response	your reference number: 538000

### FOB REVIEW

NOTES/COMMENTS:

Mr. Johnson,

Attached, please find the response to your inquiry. Please contact me at (215)694-3955 # you have any questions. Thanks.

-Chris A Quintanilla